



Q/ Answer with the most appropriate choice: (40 Marks) Exam Date: 10-5-2025

1. Inflammatory Papillary Hyperplasia must be treated before making new dentures to prevent looseness after healing. What is the best treatment approach?
  - a. Prescribe systemic antibiotics and adjust occlusion.
  - b. Polish the denture surface to reduce irritation.
  - c. Leave dentures out at night, reline with tissue conditioner, and use Nystatin mouth rinse.
  - d. Increase denture wear time for tissue adaptation.
  - e. Replace dentures immediately without treatment.
2. Epulus fissuratum caused by:
  - a. Careless handling of the denture by the patient.
  - b. Fatigue of the acrylic resin produced by repeated flexing of the denture.
  - c. Ill-fitting dentures.
  - d. All the mentioned.
  - e. None of the mentioned.
3. Placement of maxillary anterior teeth in complete dentures too far superiorly and anteriorly might result in difficulty in pronouncing;
  - a. "d" sounds.
  - b. "E" sounds.
  - c. "th" sounds.
  - d. All the mentioned.
  - e. None of the above.
4. Some immediate complaints that patients may have about their dentures are as follows:
  - a. Difficulty while eating.
  - b. Phonetics problems.
  - c. Accumulation of food under the appliance.
  - d. Sore spots, burning sensation, redness.
  - e. Looseness of the dentures.
5. \_\_\_\_\_ is a maxillofacial prosthesis used to close, cover or maintain the integrity of the oral and nasal compartments resulting from a congenital, acquired or developmental disease process.
  - a. Feeding prosthesis
  - b. Mandibular prosthesis.
  - c. Obturator.
  - d. Speech prosthesis.
  - e. Palatal lift prosthesis.

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- 6. The objectives of maxillofacial prosthesis are:**
- a. Restore esthetics.
  - b. Improve speech function.
  - c. Avoid escaping food to the nasal cavity in children with cleft palate.
  - d. Easily improve deglutition.
  - e. All of the above.
- 7. Methods used for retention of facial prosthesis include:**
- a. Magnet.
  - b. Adhesive.
  - c. Implant.
  - d. All of the above.
  - e. None of the above.
- 8. Reasons for classification system of edentulous patient are:**
- a. Establishment of basis for diagnostic and treatment plane procedure.
  - b. Justifying treatment procedure and fees.
  - c. Providing data for review of treatment outcome.
  - d. All of the above.
  - e. None of the above.
- 9. The American College of Prosthodontists (ACP), has developed a classification system for complete edentulism based on diagnostic findings. Stating:**
- a. Cl I being the least favorable while Cl IV the most favorable.
  - b. Cl IV being the least favorable while Cl I the most favorable.
  - c. Cl II being the least favorable.
  - d. All of the above.
  - e. None of the above.
- 10. Hyperplastic, mobile or redundant anterior ridge can be seen in:**
- a. Type III mandible.
  - b. Type III and IV maxilla.
  - c. Type C and D maxilla.
  - d. Type C and D mandible.
  - e. b & d.
- 11. The primary cause of increased anterior maxillary resorption in combination syndrome is:**
- a. Loss of mandibular posterior teeth.
  - b. Excessive occlusal load on the mandibular anterior teeth.
  - c. Poorly fitted dentures.
  - d. Excessive salivary flow.
  - e. Presence of metal crowns.

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12. The most important factor influencing implant survival in the maxilla:
- The number of implants placed.
  - Bone density and quality.
  - The shape of the implant.
  - The patient's age.
  - The type of prosthesis used.
13. A patient came to your clinic with an implant failed in the upper arch before loading of the prosthesis, this case is most commonly because of:
- Overheating.
  - Overlapping.
  - Overloading.
  - Overextended.
  - Overtapping.
14. The major disadvantage of using a closed-tray impression technique for dental implant?
- It requires high patient compliance
  - It is more prone to impression distortion
  - It cannot be used for single implants
  - It is not suitable for anterior restorations
  - It prevents proper occlusal adjustment
15. Snowshoe principle:
- Minimal extension for support.
  - Increases tissue displacement.
  - Increases denture base movement.
  - Increases the load per unit area.
  - None of the mentioned.
16. Adhesion in complete denture retention depends on:
- Close adaptation of the denture base.
  - Type of artificial teeth used.
  - Presence of occlusal rims.
  - Soft palate flexibility.
  - None of the above.
17. The generalized discomfort that experienced by patients after insertion of complete denture due to:
- Pressure on the anterior palatine foramen.
  - Allergic reaction.
  - Overloading of the mucosa as a result of clenching or grinding the teeth.
  - Reduce vertical dimension.
  - None of the above.

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18. Sharp bony projections should be:
- Removed prior to denture construction.
  - Only remove sharp points.
  - Avoid extensive alveolectomy.
  - All of the mentioned.
  - None of the above.
19. The occlusal scheme most suitable for patients with uncoordinated jaw movements is:
- Balanced occlusion.
  - Monoplane occlusion.
  - Lingualized occlusion.
  - Anatomic occlusion.
  - Group function occlusion.
20. When natural teeth move in one side during mastication, -----
- The other side is affected.
  - bilateral balance is found on the other side.
  - The other side is not affected.
  - Both sides are affected.
  - None of the above.
21. The management of Arrangement of anterior teeth in mandibular protrusion:
- The upper and lower teeth are placed as near as possible to the labial plates of bone in their respective ridges.
  - The lower anterior teeth are placed palatal to the upper anterior teeth.
  - Use a slightly smaller lower-tooth mold than that suggested for normal use with the upper teeth.
  - Use an extra upper incisor to avoid the spaces.
  - Leave some space between the lower anterior teeth.
22. Xerostomia possible causes:
- drug-induced.
  - Diabetes.
  - Biologic aging.
  - Stress and depression.
  - All of the mentioned.
23. Sore spots in the maxilla at the midline of the denture may be caused by:
- Presence of a prominent mid-palatine suture.
  - Presence of torus palatinus.
  - Improper occlusion.
  - Centric occlusion does not coincide with centric relation.
  - All of the mentioned.

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24. More than one method may be used to trim and set the teeth in immediate denture cases, it depends on:

- a. If you decide to duplicate same teeth alignment or not.
- b. Esthetic and functional requirement.
- c. Amount of changes expected during surgery.
- d. All of the mentioned.
- e. None of the above.

25. Follow up visits (4-6 months) of an immediate denture patient is necessary for:

- a. Checking esthetics and occlusion.
- b. Checking the need for relining.
- c. Checking the clot at the extraction site.
- d. All of the above.
- e. a & b.

26. Which of the following factors is most critical in determining the success of immediate dentures for a patient with hopeless remaining teeth?

- a. A patient with poor oral hygiene and a lack of motivation for dental care.
- b. A patient who is not willing to undergo multiple visits or additional costs.
- c. A healthy, educated patient (philosophical type) who accepts the loss of hopeless teeth.
- d. A patient with well-maintained natural teeth who refuses any form of prosthetic treatment.
- e. A patient with severe dental anxiety who prefers not to replace missing teeth immediately.

27. Immediate denture placement impact post-extraction healing by:

- a. Accelerates soft tissue healing by covering extraction sites
- b. Prevents any form of ridge resorption
- c. Permanently stabilizes alveolar bone
- d. Requires fewer post-insertion modifications
- e. Delays the healing process.

28. The diagnostic criteria used in the classification system for edentulous patient are:

- a. Bone height-mandible.
- b. Residual ridge morphology-mandible.
- c. Maxillomandibular relationship.
- d. a & c.
- e. None of the above.

29. Fracture of single denture is a common case, this is because:

- a. The denture will receive excessive load from the natural teeth.
- b. Excessive anterior occlusal load.
- c. High occlusal load due to excessive action of the masseter.
- d. All of the above.
- e. None of the above.

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30. The aging affect denture esthetics by:

- a. Teeth appear darker due to dentin exposure.
- b. Muscle tone remains unchanged.
- c. The occlusal plane shifts upwards.
- d. Gingival contouring is unnecessary.
- e. Lips become fuller with age.

31. The goal of Geriatric dentistry is:

- a. To maintain oral health of individuals.
- b. To maintain ideal health and function of masticatory system by establishing adequate preventive measures.
- c. In diseased patients maintaining oral and general health.
- d. All of the above.
- e. None of the above.

32. How can the post dam of a complete denture be determined?

- a. By drawing.
- b. Phonetically.
- c. Functionally.
- d. Anatomically.
- e. All of the above.

33. The primary disadvantage of balanced occlusion in complete dentures

- a. It causes excessive posterior discusion
- b. It requires precise jaw relation records
- c. It is only used in younger patients
- d. It prevents incisal guidance
- e. It leads to excessive occlusal forces

34. \_\_\_\_\_ is the best instrument for locating the vibrating line.

- a. T-burnisher.
- b. Mirror.
- c. Probe.
- d. Amalgam condenser.
- e. None of the above.

35. Posterior Palatal Seal location and preparation on the master cast are often done by \_\_\_\_\_ without reference to anatomical landmarks of the mouth.

- a. The dentist.
- b. Dental technician.
- c. Patient.
- d. The dentist or dental technician.
- e. The dentist or patient.

36. Class IV classification level of complete denture wearer distinguishes by:
- Residual ridge morphology Type A or B maxilla.
  - Location of muscle attachments with limited influence on denture base stability and retention; Type A or B mandible.
  - Minor modifiers, psychosocial considerations, mild systemic disease with oral manifestation.
  - Residual alveolar bone height of 11 to 15 mm.
  - None of the above.
37. Which technique uses a clear acrylic resin template fabricated over the modified stone cast during construction of single denture?
- Yurkstas technique.
  - Swenson's technique.
  - Bruce technique.
  - All of the above.
  - None of the above.
38. Upper complete opposing by mandibular partial denture can be associated with:
- Combination syndrome
  - Fracture of denture
  - Wear of natural teeth
  - All of the above
  - None of the above.
39. All of the following statements about single denture are false, EXCEPT for:
- Maintain adequate thickness of denture base.
  - Concept of occlusion either balance occlusion or monoplane occlusion with anatomic teeth.
  - Fracture of single denture due to shallow labial frenal notch.
  - The prognosis of a mandibular single denture against natural teeth is more favorable than when the full upper denture is opposed by natural lower teeth.
  - High occlusal load due to excessive action of the buccinators.
40. Atrophy of masticatory muscles in geriatric patients will affect all the following, EXCEPT;
- Chewing time.
  - Biting force.
  - Swallowing time.
  - Functional movements during mastication.
  - Phonetic.
41. Problems associated with residual ridge resorption:
- Increase vertical dimension.
  - Decrease facial height.
  - Muscle attachments closer to the crest of the residual ridge.
  - b & c.
  - None of the above.

42. Most accurate methods for treating patients with severe residual ridge resorption:

- a. Neutral zone technique.
- b. Mucostatic impression.
- c. Monoplane occlusion.
- d. All of the above.
- e. None of the above.

43. Maxillary bone resorption is less than Mandibular one by:

- a. Twice
- b. Three times
- c. Four times
- d. Same
- e. None of the above

44. Bone resorption tends to be marked after:

- a. 25 - year
- b. 10 - year
- c. first year
- d. All of the above
- e. None of the above

45. For effective retention of complete dentures within the oral and facial musculature, all of the following statements are correct, EXCEPT;

- a. The denture bases must be properly extended to cover the maximum area without interfering with surrounding structures.
- b. The occlusal plane must be positioned at the correct level for proper functional relationships.
- c. The arch form of the teeth must be in the neutral zone between the tongue and the cheeks.
- d. The denture bases should be designed to cover only the edentulous ridge without extending beyond it.
- e. The vertical dimension of occlusion should be maintained to ensure proper alignment and function.

46. Occlusal plane

- a. Divide the inter-arch space unequally.
- b. The arch form of the teeth must be in the "neutral zone" between the tongue and the cheeks.
- c. Should be inclined more than  $10^{\circ}$  to increase stability.
- d. All of the above.
- e. None of the above are true.

47. Relief over the midline raphe should be:

- a. As much as we can to permit good contact with denture base.
- b. Minimal to permit light contact.
- c. No relief is needed.
- d. All of the above.
- e. None of the mentioned choices.

48. To obtain maximum interfacial surface tension:

- a. Saliva should be thin and even.
- b. The denture base should cover a large area.
- c. The denture should have good adhesive and cohesive force.
- d. a & c.
- e. All of the above.

49. \_\_\_\_\_ helps restore normal physiological length of the muscles and allows for normal facial expression.

- a. The vertical dimension of rest position.
- b. The vertical dimension of occlusion.
- c. The length of lingual flange.
- d. The length of buccal flange.
- e. The thickness of lingual flange.

50. Central incisors restore \_\_\_\_\_.

- a. Lip height
- b. Vermillion border
- c. Corner of mouth
- d. Facial height
- e. Tongue space

51. In female \_\_\_\_\_.

- a. The distal surface of the centrals is rotated anteriorly for females.
- b. The mesial surface of the lateral incisors is rotated posteriorly in relation to the centrals.
- c. The incisal edge of the central incisors is parallel to the lips and the laterals are above the occlusal plane.
- d. The incisal edges of the central and lateral incisors follow the curve of the lower lip.
- e. The mesial end of the laterals is hidden by the centrals.

52. The labiolingual position of the anterior teeth, in particular of the necks of the teeth, is critical in terms of \_\_\_\_\_.

- a. The amount of jaw separation.
- b. Lip support.
- c. Horizontal jaw relation.
- d. Occlusal plane orientation.
- e. All of the above.

53. Objectives of artificial teeth selection include all the following, EXCEPT:

- a. Function efficiently.
- b. Normal speech.
- c. Patient preference.
- d. No tissue abuse.
- e. Maintain the vertical dimension.

**54. Distant osteogenesis is:**

- a. A type of implant material that results in a gap between the implant and bone, filled with connective tissue.
- b. A type of implant material that forms a chemical bond with the bone.
- c. A type of implant material that directly bonds to the bone.
- d. A type of implant material that stimulates bone formation.
- e. A type of implant material that is biologically inert.

**55. The purpose of surface modification in dental implants is:**

- a. Decrease implant surface area.
- b. Reduce mechanical interlock.
- c. Increase corrosion.
- d. Prevent osseointegration.
- e. Promote osseointegration.

**56. What is the advantage of using ceramic coatings on dental implants?**

- a. Weakens the implant structure.
- b. Reduces bone attachment.
- c. Increases corrosion.
- d. Aids in direct bonding of bone to the implant surface.
- e. None of the above

**57. Autogenous bone:**

- a. A graft of tissue between genetically dissimilar members of the same species.
- b. A material originating from a nonliving source that surgically replaces missing tissue.
- c. Any non-biologic material suitable for implantation.
- d. Originating or derived from sources within the same individual.
- e. Provides a physical matrix or scaffolding suitable for deposition of new bone.

**58. Polymers:**

- a. Are used as implants or part of implant systems.
- b. Are bioactive materials.
- c. Polymers are radiopaque.
- d. PTFE is a polymer that can be used as solid implant after modification of their mechanical properties by addition of different types of fillers.
- e. All of the above.

**59. In denture duplication, basically, a mold of the old denture is produced**

**in**

- a. A rigid material.
- b. An elastic material.
- c. A semirigid material.
- d. A wax material.
- e. A metal frame.

60. In denture duplication, the container used for fabricating the alginate mold must be \_\_\_\_\_
- a. Rigid to allow interaction with the alginate and the self-cured acrylic resin template.
  - b. Rigid to withstand high temperature.
  - c. Rigid to insure equal distribution of the alginate and the self-cured acrylic resin template.
  - d. Rigid to avoid distortion of the alginate and subsequently the self-cured acrylic resin template.
  - e. Elastic to avoid distortion of the alginate and subsequently the self-cured acrylic resin template.

61. The common problem encountered during denture duplication:

- a. Thickened denture bases
- b. Excessive wear of occlusal surfaces
- c. Loss of the patient's neuromuscular control
- d. Excessive reduction of the polished surface
- e. None of the above.

62. The second visit for denture duplication technique includes-----

- a. Duplication of the old denture in silicon, recording the centric jaw relation.
- b. Duplication of the old denture in auto-polymerizing acrylic resin, recording the centric jaw relation.
- c. Try-in of the dentures – verification of the jaw relations and tooth positions for esthetics and phonetics.
- d. Selection of the shade, size, and form of the denture teeth.
- e. All the necessary clinical procedures performed at the insertion appointment of a complete denture.

63. Replica dentures is indicated-----.

- a. To provide replacement dentures (without improved fit).
- b. To renew old deteriorated and stained denture base material with massive change in centric relation.
- c. To have new denture with altered polished surface contours.
- d. Geriatric patient that easily adopt to the new denture.
- e. To have a spare denture in case of accidentally fracture or loss of the original denture.

64. The primary disadvantage of overdentures:

- a. Difficulty in construction.
- b. High susceptibility to caries.
- c. Minimal prosthetic cost.
- d. Easy periodontal maintenance.
- e. Low patient acceptance.

65. **Abutments with short cast coping in tooth supported overdenture have:**
- a. 2 to 3 mm long cast coping, has a post fitted to the endodontically treated canal.
  - b. 5 to 8 mm long cast coping, has a post fitted to the endodontically treated canal.
  - c. Conservative reduction.
  - d. Coronal height of 4 to 6 mm convex or dome-shaped surface.
  - e. None of the mentioned.
66. **Among the disadvantages of overdenture prosthesis:**
- a. Abutment preparation.
  - b. Long term maintenance.
  - c. Food impaction.
  - d. All of the above.
  - e. b & c.
67. **In overdenture** \_\_\_\_\_
- a. Cover as much as possible of the marginal gingiva.
  - b. The number of abutments has no effect on the retention of overdenture.
  - c. The greater the number of abutment teeth the prognosis will be better, the more open the construction may be.
  - d. a & b.
  - e. None of the above.
68. **All of the following are true about preparation of abutments in tooth-supported overdentures, EXCEPT:**
- a. In non-coping abutment the tooth is reduced to a coronal height of 2 to 3 mm.
  - b. In non-coping abutment the crown is contoured to a convex or dome shape.
  - c. In abutment with coping, a cast metal coping with a dome shaped surface should cover the exposed tooth surface.
  - d. All abutments with coping should be endodontically treated.
  - e. Long cast copings retain greater level of osseous support.
69. **When the overdenture is constructed prior to the preparation of abutment teeth inside the patient's mouth and is inserted after the preparation, this type is called:**
- a. Transitional or intermediate overdenture.
  - b. Immediate overdenture.
  - c. Definitive overdenture.
  - d. Telescopic overdenture.
  - e. Biological dentures.
70. **Ideal number of abutment teeth in the arch for support of overdenture is minimally:**
- a. 1.
  - b. 2.
  - c. 4.
  - d. 6.
  - e. 8

71. **lingualized occlusion affect the neutral zone by:**
- a. Maintains proper balance between tongue and cheek forces
  - b. Enhances buccal forces on the denture
  - c. Violates the neutral zone by encroaching on tongue space
  - d. Eliminates the need for a lower denture flange
  - e. Improves the retention of the maxillary denture only
72. **Which of the following muscles has no influence on neutral zone?**
- a. Masseter.
  - b. Buccinators.
  - c. Lateral pterygoid.
  - d. Orbicularis oris.
  - e. Levator labii superioris.
73. **Teeth are guided into the neutral zone during which phase of development:**
- a. Childhood.
  - b. Adulthood.
  - c. Puberty.
  - d. In natural dentition, teeth are not guided into neutral zone.
  - e. a and b.
74. **The key disadvantage of the neutral zone technique**
- a. It requires excessive denture base thickness
  - b. It increases clinical time and laboratory costs
  - c. It can only be used in maxillary dentures
  - d. It prevents occlusal adjustments
  - e. It eliminates muscle adaptation
75. **Which of the following is a function of attachments in overdentures?**
- a. Providing periodontal support.
  - b. Stabilizing and/or splinting abutment teeth.
  - c. Transferring forces of mastication.
  - d. Securing the prosthesis against lifting forces.
  - e. All of the above.
76. **Which of the following is NOT a factor affecting attachment selection?**
- a. Patient's preference.
  - b. Number of teeth present.
  - c. Type of coping.
  - d. Crown root ratio and alignment of the roots.
  - e. Vertical space available.
77. **The purpose of using bar attachments in overdentures?**
- a. Prevention of gum inflammation.
  - b. Splinting of abutment teeth and retention/support of the prosthesis.
  - c. Improved speech abilities.
  - d. Reduced load on the edentulous ridge.
  - e. Enhanced aesthetics.

78. The advantage of using O-ring attachments in overdentures?
- Reduced load on the edentulous ridge.
  - Enhanced speech abilities.
  - Ease in changing the attachment and wide range of movement.
  - Improved aesthetics.
  - Prevention of gum inflammation.
79. Patient attend to clinic with complaint only about his old deteriorated and stained denture base material, the solution is to:
- Make new denture.
  - Rebase his denture.
  - Duplication of his denture.
  - Make implant overdenture.
  - None of the above.
80. Patient attend to clinic seeking for making spare for his old denture that made since 5 years ago, after examination the rest vertical dimension was 70mm and occlusal vertical dimension was 60mm, the treatment will be:
- New denture.
  - Relining.
  - Rebasing.
  - Duplication.
  - None of the above.
81. Implant are classified according to location into:
- Epiosteal and Endosteal.
  - Tranosteal, Epiosteal and Endosteal.
  - Endosteal and Tranosteal.
  - Could be any of the above.
  - None of the above.
82. The following are among the implant success signs, EXCEPT:
- Absence of pain.
  - Absence of mobility.
  - Absence of vertical bone loss.
  - Absence of associated radiolucency.
  - Gingival inflammation.
83. The temperature for impaired bone regeneration for implant has shown to be as low \_\_\_\_\_ for one minute.
- as 44 C° to 47 C°.
  - as 47 C° to 55 C°.
  - as 34 C° to 47 C°.
  - as 34 C° to 37 C°.
  - as 34 C° to 44 C°.

84. When are Early implants placed?

- a. After 6-12 months.
- b. Within 4-8 weeks after tooth loss.
- c. Into a prepared extraction socket following tooth extraction.
- d. After 4-6 months for maxillary implants and 3-4 months for mandibular implants.
- e. None of the above.

85. What does IPO stand for in Implantology Biomechanics?

- a. Initial Prosthetic Occlusion.
- b. Implant Protective Occlusion.
- c. Immediate Prosthesis Overload.
- d. Integrated Prosthetic Occlusion.
- e. Intraoral Prosthesis Orientation.

86. The function of an acrylic button in facial prostheses?

- a. To act as a hinge for moving parts
- b. To improve cosmetic appearance
- c. To provide mechanical retention through a snap-fit mechanism
- d. To permanently fix the prosthesis
- e. To reduce prosthesis weight

87. Is an artificial device or any prosthesis used to replace part or all of any stomatognathic and/or craniofacial structure.

- a. Copy denture prosthesis.
- b. Over denture prosthesis.
- c. Immediate denture prosthesis.
- d. Maxillofacial prosthesis.
- e. Telescopic denture.

88. The presence of cancellous bone in the residual ridge leads to:

- a. Increased resistance to resorption
- b. Greater denture stability
- c. Higher rates of bone remodeling and resorption
- d. Improved adhesion through saliva entrapment
- e. Enhanced occlusal force transmission

89. The factor of occlusion that can be modified by the dentist is the\_\_\_\_\_.

- a. Incisal guidance.
- b. Occlusal plane.
- c. Cusp angulation.
- d. Compensating curve.
- e. All of the above.

90. The bilingual extension of lingual flanges should be:

- a. Extend upwards and backwards at an angle of 45° from the retromolar pad.
- b. Extend downwards and forwards at an angle of 45° from the retromolar pad.
- c. Extend downwards and backwards at an angle of 45° from the retromolar pad.
- d. Extend upwards and forwards at an angle of 45° from the retromolar pad.
- e. All of the mentioned.

91. Which factor(s) may influence a patient's satisfaction with their dentures?

- a. Type of denture base material used.
- b. Color of the denture.
- c. Quality of bone tissue and oral mucosa.
- d. Number of teeth in the denture.
- e. All of the above.

92. A patient complaints of sore spots at the side of the ridge in the anterior part of the mandible mandibular vestibule area after insertion of the complete denture, this may be due to:

- a. Occlusal prematurity.
- b. Overextension.
- c. Spinous ridge crest.
- d. Pressure spots at the time of impression.
- e. Bone spicules.

93. Treatment of TMJ pain in a patient after wearing a complete denture includes:

- a. Make new occlusal record, regrind, and remount occlusion.
- b. Decrease the vertical dimension of the occlusion.
- c. Recontour the buccal surface of the mandibular molars and bicuspids.
- d. Employ vitamin therapy.
- e. Treat with antibiotics.

94. A negative pressure within the maxillary denture may cause:

- a. Epulis fissuratum.
- b. Loss of bone from the anterior part of the maxilla.
- c. Maxillary tuberosity hypertrophy.
- d. Papillary hyperplasia as an early sequence.
- e. All the mentioned.

95. All the following are false regarding surgical stent in implant retained prosthesis, EXCEPT:

- a. Interfere with soft tissue reflection.
- b. Relieving the inferior border of the template 3-4 mm.
- c. Has limited effect on implant placement and orientation.
- d. All of the above
- e. b and c only.

96. Regarding tray design used in dental implants-----.

- a. an open tray is used for pick-up technique.
- b. preparation of a tray provides additional step in transfer impression technique.
- c. no superiority of any tray design over the other.
- d. All of the above.
- e. a and c only.

97. Implant body fixture and implant analogue are implant system parts-----.

- a. used by the technician in abutment construction.
- b. used in prosthetic part of treatment.
- c. used in the surgical part of the treatment.
- d. All of the above.
- e. None of above.

98. What is the primary purpose of tissue conditioning in complete dentures?

- a. To permanently improve denture retention and stability.
- b. To act as a cushion, absorb occlusal loads, and promote healing of inflamed mucosa.
- c. To replace the final denture base material for long-term use.
- d. To harden the denture base and improve its strength.
- e. To reshape the denture for better esthetics.

99. All of the following statements about geriatric dentistry are true,

EXCEPT:

- a. The branch of dentistry that emphasizes dental care for the elderly population.
- b. The study of aging in all its aspects biologic, physiologic, sociologic and psychologic.
- c. The treatment of dental problems associated with aging.
- d. It aims to recognize and relieve oral health difficulties in elderly people.
- e. Preservation of oral function for maintaining normal life in elderly patients.

100. The objectives of dental geriatric are to:

- a. Enable the dentists to recognize and relieve the difficulties of the old patients for successful treatment.
- b. The dentist should adopt a humanitarian attitude with his old patients.
- c. A better understanding of the feelings and attitudes of the old patients.
- d. Understand their special dental problems.
- e. All of the above.